Counsel please include this information in	> AGMT-	Leg	istar #:		P&C #:	*	
	> Index Code: 305	100 Pro	oject #: 53124		Charge To #: 53124		
your billing description.	Project Grant Deed to State of California Department of Transportation for Description: Interchange Right of Way Closeout						
THE RES	CONT	RACT F	ROUTING	G SHE	EET		
PROCESSING D	EPARTMENT:			CONT	RACTOR:		
Department: Community Development Agency				Name: State of California Department of			
Division: Transportation				Transportation Address: P.O. Box 911			
Dept Contact: Tanna Reynoso				Addre			
Phone: Authorized Signa				Phone	Marysville, CA 95901 e:		
	Andrew Gaber, D	eputy Director, DR					
CONTRACTING DEPT. Development Construction				Date Submitted: 11/21/2018			
CONTRACTING DEPT: Development Services				Date Needed: 11/30/2018			
Service Requested: Review & Approve Contract Term:					Funding Sources: State Corridor Mobility Improvement Account Funds and Local		
Contract/Amendr	ment Amount: \$	0.00			nds (Tribe)	.ocai	
Compliance with Human Resources Requirements: Yes: No: _X							
Compliance verified by: Contract Notification Sent: HR Response Received:							
	Ok Pe	r:					
COUNTY COUN	SEL: (must ap	orove all contr	acts and MOI	Us)	464446641	-1	
Approved: ✓	Disappi	oved:	Da	ite: 12 6	By: D. Liverens	些	
Approved:		roved:		ite:			
* Accordance	E CECTIFICATE T	O BE EXEC	neo by S	TME.			
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Please forward	to Transportation	n upon appro	oval.		OR AL		
RISK MANAGE	MENT: (All contr	acts and MOI	Js except boil	lerplate gr	rant funding agreements		
Approved:		roved:	Da	ate:	By:		
Approved:		roved:	— Da	ate:	By:		
				12.73	0.00		
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					in in		
OTHER APPRO	VAL: (Specify	department(s) participating	or directl	y affected by this contract)		
Approved: Disapproved:				ate:	Ву:		
Approved:		roved:		ate:	By:		
	1282		THE STATE OF	er fill I fill	18-1935 A 1 of 1		